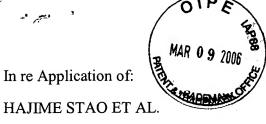
W 2677



Docket No. 00862.023147

Application No.: 10/629,621

Filed: July 30, 2003

Examiner: T.V. Sheng

TC/Art Unit: 2677

For: COORDINATE INPUT APPARATUS AND

CONTROL METHOD THEREOF,

COORDINATE INPUT POINTING TOOL, AND

**PROGRAM** 

Date: March 6, 2006

Mail Stop: Amendment

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED							
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	* 15	MINUS	** 21	= 0	x \$25 \$50	\$0	
INDEP. CLAIMS	*	MINUS	***	= 0	x \$100 \$200	\$0	
Fee for Multiple Dependent claims \$180/\$360							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0	

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

г	
п	Verified Statement claiming small entity status is enclosed, if not filed previously
1	i Verified Statement claiming small entity status is enclosed at not filed previously
-1	i volumed bidiciniciti ciamining sinam cinity status is enclosed, in not micd previously

	A check in the amount of \$_ is enclosed.			
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.			
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.			
	A check in the amount of \$ to cover the fee for amonth extension is enclosed.			
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.			
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.			
	Respectfully submitted,			

Raymond A. DiPerna Attorney for Applicants Registration No. 44,063

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

Form #120

NY\_MAIN 553568v1



## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
НАЛМЕ SATO ET AL.	: )	Examiner: T.V. Sheng
Application No.: 10/629,621		TC/Art Unit: 2677
	:	
Filed: July 30, 2003	;	
For: COORDINATE INPUT APPARATUS AND CONTROL METHOD THEREOF,	)	
COORDINATE INPUT POINTING	)	
TOOL, AND PROGRAM	:	March 6, 2006
Mail Stop: Amendment		
Commissioner for Patents P.O. Box 1450		
Alexandria, VA 22313-1450		
AMEN	<u>IDME</u>	<u>NT</u>

Sir:

In response to the Office Action dated December 6, 2005, the Examiner is respectfully requested to amend the above-identified application as follows:

- Amendments to the claims are presented in the listing starting on page 2;
- Remarks are presented starting on page 10.

ing deposited with the an envelope addresse Alexandria, VA 22313
44,063)
ants)
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March 6, 2006
Date of Signature